

Directions to LA Staff: personalize this letter by printing on your letterhead, and individualizing the information for all of the items that appear in blue font.

Insert Agency Letterhead

Previous Authorized Representative Name
Address

Date

Dear **previous Auth Rep name**,

Our records indicate that you have received WIC checks for your child that are valid until (**insert LDTU**). These checks are solely for the nutrition needs of your child. Given the change in your custodial rights and your child's placement into foster care, the WIC checks must be returned to our office.

If the WIC benefits for your child are cashed, you will be required to reimburse the State of Maine for the redeemed value of the WIC checks.

You can mail the WIC checks for **child's name** to:

Agency Mailing address

If you prefer, you can bring the WIC checks to our office:

Office physical address

Consider inserting clinic hours of operation here

Please call **office phone number** if you have any questions or concerns.

Thank you,

Your name

Name of WIC Program